

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000004423

**Entity Name:** LARSON PROPERTIES LLC

**Current Principal Place of Business:**

409 SW 4TH AVENUE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

PO BOX 14715  
GAINESVILLE, FL 32604

**FEI Number:** 20-4099084

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LARSON, TIMOTHY  
409 SW 4TH AVENUE  
GAINESVILLE, FL 32601 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** TIMOTHY LARSON

04/09/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	LARSON, BRET	Name	LARSON, TIMOTHY
Address	PO BOX 14715	Address	PO BOX 14715
City-State-Zip:	GAINESVILLE FL 32604	City-State-Zip:	GAINESVILLE FL 32604

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIMOTHY LARSON

OWNER

04/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date